California State University, San Bernardino CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2012

High school gay-straight alliances and adult lesbian, gay, bisxual, transgender, queer, questioning and intersex resilence

Monique Quitoriano Manriquez

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project Part of the Gender and Sexuality Commons, and the Social Work Commons

Recommended Citation

Manriquez, Monique Quitoriano, "High school gay-straight alliances and adult lesbian, gay, bisxual, transgender, queer, questioning and intersex resilence" (2012). *Theses Digitization Project*. 4110. https://scholarworks.lib.csusb.edu/etd-project/4110

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

HIGH SCHOOL GAY-STRAIGHT ALLIANCES AND ADULT LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING AND INTERSEX RESILIENCE

D.

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

2

by

Monique Quitoriano Manriquez

June 2012

HIGH SCHOOL GAY-STRAIGHT ALLIANCES AND ADULT LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, QUESTIONING AND INTERSEX RESILIENCE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

by

Monique Quitoriano Manriquez

June 2012

Approved by:

-22-12

Dr. Laurie Smith, Faculty Supervisor Social Work

Dr. Rosemary McCaslin, M.S.W. Research Coordinator

ABSTRACT

Through previous studies, Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, and Intersex (LGBTQQI) individuals have been shown to have a higher rate of suicide, alcohol and drug abuse, and mental health disorders than their heterosexual counterparts. During adolescence, youth are struggling to find their identities, at which time Pride Centers or "safe areas" also known as Gay-Straight Alliances (GSAs) in high schools may facilitate in the elimination of some of the negative preconceptions and future dysfunctions associated with being LGBTQQI. This quantitative and qualitative study was done in order to determine if Gay-Straight Alliances (GSAs) or their equivalents had a beneficial affect on LGBTQQI individuals. The findings suggested that there was no significant difference between the coping skills of LGBTQQI individuals who participated in a Gay-Straight Alliance and those that did not.

iii

ACKNOWLEDGMENTS

Thank you to everyone who pushed me, believed in me, gave me a shoulder to cry on and supported me especially my husband, Rob. Babis, thank you for always believing in me and always knowing how to make me feel better. You are my best friend and I couldn't have done this without your support.

To my family, thank you for always bringing me back to reality and being my cheerleading squad. I love you all and thank you for helping me through this journey!

To my friends who offered me nights at the bar to unwind and offered an ear to hear my woes and whines, thank you!

A big, big thank you to all the CSUSB Social Work staff, especially Dr. Smith, Julia Poirier, Dr. Liles, Dr. MaCaslin, and Joanne Reiter. Without your wisdom, assistance, advice and leadership, I don't think I could have survived these past three years. Thank you for your belief in me and for helping me push through!

And last but not least, thank you to my cohort. Each one of you gave me a different perspective and helped me learn. I'm grateful for your support and humor. We did it guys!

iv

DEDICATION

.

,

I would like to dedicate this project to my family and husband. Without your support and love, I wouldn't have made it. Mahal Kita.

TABLE OF CONTENTS

| ABSTRACT iii |
|--|
| ACKNOWLEDGMENTS iv |
| LIST OF TABLESviii |
| CHAPTER ONE: INTRODUCTION 1 |
| Problem Statement 2 |
| Purpose of the Study 9 |
| Significance of the Project for Social Work 12 |
| CHAPTER TWO: LITERATURE REVIEW |
| Introduction 16 |
| Factors Affecting Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex Individuals' Vulnerability |
| Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex Youth and their Developmental and Social Challenges |
| Gay-Straight Alliances Bring About School Climate Changes, but Do They Change the Individual? |
| Theories Guiding Conceptualization: Resilience, Minority Stress and Internalized Homophobia |
| Lesbian, Gay, Bisexual, and Transgendered College Aged Young Adults, Positive or Negative Coping Styles? |
| Summary 34 |
| CHAPTER THREE: METHODS |
| Introduction |
| Study Design 36 |
| v |

,

| Samplin | g | 40 |
|--------------|--|----|
| Data Pr | ocedures and Instruments | 41 |
| Procedu | res | 44 |
| Protect | ion of Human Subjects | 46 |
| Data An | alysis | 47 |
| Summary | · | 48 |
| CHAPTER FOUR | : RESULTS | |
| Introdu | ction | 49 |
| Present | ation of the Findings | 49 |
| Summary | · • • • • • • • • • • • • • • • • • • • | 59 |
| CHAPTER FIVE | : DISCUSSION | |
| Introdu | ction | 61 |
| Discuss | ion | 61 |
| Limitat | ions | 64 |
| | endations for Social Work Practice, and Research | 71 |
| Conclus | ions | 75 |
| APPENDIX A: | COURAGE TO CHALLENGE QUESTIONNAIRE | 77 |
| APPENDIX B: | EMAILED QUALITATIVE FEEDBACK FORM QUESTIONNAIRE | 80 |
| APPENDIX C: | RECRUITMENT FLYER | 82 |
| APPENDIX D: | EMAILED PERMISSION TO USE THE SCALE FROM DR. MARK SMITH | 84 |
| APPENDIX E: | INFORMED CONSENT FOR ONLINE SURVEY | 87 |
| APPENDIX F: | DEBRIEFING FORM | 89 |

| APPENDIX (| G: | INFORMED | CONSENT | FOR | QUALITATIVE | |
|------------|----|----------|---------|-----|-------------|----|
| | | FEEDBACK | FORMS | | | 91 |
| | | | | | | |
| REFERENCES | s. | | | | | 93 |

.

.

LIST OF TABLES

| Table | 1. | Ethnicities of Respondents | 50 |
|-------|----|--|----|
| Table | 2. | Religious Orientation of Participants | 51 |
| Table | 3. | Sexual Orientation of Participants | 52 |
| Table | 4. | Percentage Breakdown of Courage to Challenge Answers | 53 |
| Table | 5. | Mean, Median, and Mode of Courage to Challenge Scores | 55 |

.

,

-

.

CHAPTER ONE

INTRODUCTION

This chapter will focus on the plight that the lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQQI) youth population suffers. LGBTQQI youth are often victims of harassment and violence at the hands of their peers in school settings. School campuses have been places to fear due to the stigma of their sexual orientation. LGBTQQI youth may turn to negative coping skills (suicide, drug/alcohol abuse or dropping out) to deal with the daily stress.

Research has indicated that Gay-Straight Alliances (GSAs) have a positive effect on the school climate and as a result make the school environment a safer place for LGETQQI students. Through education and awareness of sexuality, sexual orientation, personal responsibility and the creation of a "safe place", the school climate created is one that is generally more accepting and has less occurrences of bullying based on sexual orientation. But do GSAs have the ability to promote long-term positive factors of resilience thereby reducing the

emotional and psychological harm caused by prejudice in their schools and society at large?

Problem Statement

Lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI) youth are experiencing increased oppression and discrimination. This is due to a lack of support systems in areas such as education, which is linked to increased suicide rates and the utilization of mental health services among LGBTOQI youth. A study commissioned by the U.S. Department of Health and Human Services concluded that LGBTQQI youth are two to three times more likely to attempt or commit suicide (U.S. Department of Justice, 2000). On a national level this translates into 30% of all suicides committed by youth each year (Drolet & Clark, 1994). Suicide rates among youth are generally high; however, LGBTQQI youth are at a higher risk for suicide due to oppression and discrimination by society (Walls, Freedenthal, & Wisenski, 2008).

The overall lack of LGBTQQI specific practices within the educational system, specifically social support systems, puts LGBTQQI youth at risk for suicide.

This is an especially troubling statistic for members of the LGBTQQI community, LGBTQQI supporters, parents of LGBTQQI youth and schooling staff, myself included.

The manifestation of discrimination in the school setting whether it is coming from peers or administrators prevents LGBTQQI youth from seeking help. Valenti and Campbell (2009) state, "Most homophobic slurs come from other students, but as many as 25% of the harassers are faculty, staff and administrators" (p. 229). Mufioz-Plaza; Quinn, and Rounds, (2002) state that LGBTOOI students describe the classroom as "the most homophobic of all social institutions." Due to this, their psychological, physical, and emotional well-beings are all at risk. Studies have steadily shown that LGBTQQI youth are more likely to develop substance abuse problems, commit or attempt suicide, suffer from verbal and physical assaults, become homeless and suffer from more mental illnesses than their heterosexual counterparts. In addition, a 1989 study from the U.S. Department of Health and Human Services cited that the number one cause of death for LGBTQQI youth was suicide (Mufioz-Plaza, Quinn, & Rounds, 2002).

In an article by Dina Martin (2011), she interviewed several students who identified as LGBTQQI, and asked them what they wished every teacher knew about how it was to be an LGBTQQI student in high school. The common theme was that teachers needed to be more aware of the amount of emotional pain and feelings of helplessness that accompany hearing hateful comments on a daily basis and seeing that teachers do not intervene. One student stated,

People would walk up to me just to call me 'faggot', it hurt! The worst part is that no one did anything about it. If you don't stop these things from being said, there will only be more prejudice, more hate,

more isolation and more unnecessary deaths. (p. 15) Another student sadly described what an ideal day would be for them, "I'd give anything to go one day a mere seven hours, without hearing a single derogatory comment against me or anyone else" (Martin, 2011, p. 15). These students detailed what a typical day entails for them and how the taunts and ridicule have been normative. Additionally they discuss how teachers are the individuals they felt have the power to change the school climate and help lessen the emotional turmoil they feel

on a daily basis. But when teachers are reluctant to protect their LGBTQQI students from harassment and punish those involved, they may indirectly show their acceptance of homophobia.

Because LGBTQQI youth are less likely to access services due to stigma and discrimination, they may be more likely to fall into homelessness or use drug abuse as a coping mechanism. "Research has shown that homophobia in school puts LGBTQQI youth at risk for feeling unsafe and isolated, which can lead to absenteeism, substance abuse, and suicide" (Valenti & Campbell, 2009, p. 230). LGBT individuals are 1.5 times more likely to develop mental illnesses and substance abuse when compared to their heterosexual counterparts (Haas et al., 2011). Research by Kertzner, Meyer, Frost, and Stirratt (2009) has shown that LGBT individuals "have greater psychiatric morbidity than their heterosexual counterparts, and that this excess morbidity is related to exposure to stressors, such as prejudice, discrimination, and violence" (p. 505). Barber (2009) also states that

as many as two-thirds of people with a serious mental illness (SMI) have a co-occurring substance

disorder, either abuse or dependence. Since abuse rates have been found to be higher among LGBT populations we can infer that the percentage of LGBT individuals with a SMI and a co-occurring substance disorder is even higher. (p. 134)

LGBTQQI youth who feel uncomfortable or threatened at school may utilize negative coping skills to deal with their discrimination. These negative coping mechanisms include drug abuse, suicide, dropping out, violence, depression and other forms of mental illnesses. In theory, schools are designed and legally mandated to provide an environment that is safe and conducive to learning; however, discrimination creates an adverse and unfriendly environment. This leads one to consider the effectiveness of school supports in addressing the needs of LGBTQQI youth.

Moreover, when human sexuality is taught, homosexuality is often not mentioned or referred to with a negative connotation. This may lead students and LGBTTQI individuals to view this sexual orientation as wrong while a heterocentric view of sexuality is promoted. Schools that have so much power and influence

on our youth do so little to protect and educate them in the realms of diversity in the real world.

Historically, it wasn't until 1973 that the diagnosis of homosexuality was completely removed from the Diagnostic and Statistical Manual (DSM) (Drescher, 2010). Before these events any reference to homosexuality was discussed as a mental disorder. Even now, homosexuality or any sexual deviance from the social norm is slow to becoming accepted and there is no better example of this than in high schools or educational institutions.

Based on increasing suicide rates, psychological trauma, and mental illnesses among LGBTQQI youth, school services and staff supports are proving to be unsuccessful in addressing the needs of these students. In 1984, President Reagan passed the Equal Access Act that was initially created to support students' rights to form religious student non-curricular clubs (U.S. Department of Justice, 2000). Under the umbrella of the Equal Access Act and in response to the increasing violence against LGBTQQI students, these non-curricular clubs to support LGBTQQI have been formed based on sexual orientation and gender identity. Examples of these clubs

are Gay-Straight Alliances (GSAs). It is here that LGBTQQI adolescents are able to participate in extracurricular activities, establish a safe environment, and gain acceptance through understanding.

Because of the introduction of supportive clubs such as GSAs, students have reported higher levels of self-pride and a sense of belonging (Valenti & Campbell, 2009). The introduction and implementation of these clubs also meet the school mandate of providing the "best possible education in a safe environment" (Valenti & Campbell, 2009, p. 230).

Because the Equal Access Act was created for those students with religious beliefs, it does not include terminology about sexual orientation and gender identity. Because of this, students, parents, or school staff may assume that non-curricular clubs based on sexual orientation and gender identity are against school policies. Although the clubs that have been implemented have shown to provide positive support systems to LGBTQQI students, not all schools currently have GSAs or Safe Areas. This may be in part because students, parents and school staff are unaware of the legal right for students to form these types of non-curricular clubs because of

the lack of LGBTQQI related language in the Equal Access Act. Although the Equal Access Act and anti-bullying policies have made great strides in the area of LGBTQQI school support systems, it does not guarantee a lack of discrimination in the schools.

Purpose of the Study

The purpose of this study is to determine whether there is a correlation between being part of a GSA (Gay-Straight Alliance) during high school and a LGBTQQI individual's resilience. The effect that GSAs have on the coping mechanisms of LGBT youth should be examined due to the impact an organization such as this may have on fostering a youth's identity and hardiness.

The introduction and utilization of GSAs or Pride Centers can increase a LGBTQQI individual's positive coping skills and their factors of resilience. Valenti and Campbell (2009) state that although students experienced bleakness and depression, involvement in a GSA contributed to helping them form a stronger sense of self and giving them the ability to move past their negative feelings. In addition, these students stated they learned that what they believed were their personal

problems were in actuality society's quandaries and because of this they described feeling more optimistic, having better relationships with others, having a sense of belonging, self-respect, and a feeling of safety.

Factors of resilience that GSA's and Pride Centers provide could assist a LGBTQQI student by improving the way they handle the daily stress of discrimination. Positive factors of resilience, otherwise known as developmental assets, are internal and external traits that are viewed as outcomes of the developmental process. Constantine, Benard, and Diaz, (1999) state that these assets are considered the "self-righting tendency" that drives the developmental process of young adults (as cited in Werner & Smith, 1992, p. 202). The experiences these individuals face on a daily basis and how they interact with their surroundings is what helps to contribute to possible internal and external traits of hardiness.

Constantine, Benard, and Diaz (1999) state that the protective factors or external assets that signal healthy resilience are caring relationships, high expectations and meaningful participation. In turn, these are meant to fulfill the "basic human developmental needs for safety,

connection, belonging, identity, respect, mastery, power and ultimately meaning" (as cited in Benard, 1991, p. 8). The internal assets or resilience traits identified are self-sufficiency, a sense of self, social skills, and a awareness of worth and determination (Constantine, Benard, & Diaz, 1999). It is through these GSA's that positive factors of resilience can be formed and developed.

Specific factors that will be addressed in this study are whether or not individuals participated in their high school campus GSA or "safe areas", and how they are affected by discrimination now. For this research, two methods of data collection were employed: The Courage to Challenge questionnaires, which measures resiliency and hardiness specific to the LGBTQQI population and an eleven item qualitative feedback form utilizing several questions aimed at expanding the results of the quantitative survey. The rationale for utilizing the Courage to Challenge survey and qualitative feedback form are to better understand the experiences LGBTQQI individuals have undergone, to gain a unique perspective into their pain and triumphs, and to see if

GSAs or Pride Centers truly do positively contribute to how an individual reacts to hardships.

The qualitative feedback forms will provide the LGBTQQI individuals with an outlet and sounding board to let their voices, pain, and triumph be heard. This cathartic method is also beneficial in that it will allow the participants to verbalize their experiences without fear of judgment while recounting memories and feelings of how their individualized situations have shaped their resiliency as adults. Additionally, this approach may uncover other factors the participants feel may have contributed to their positive or negative coping mechanisms.

Significance of the Project for Social Work The results of this research can benefit not only members of the LGBTQQI community but also schools, the students themselves who may suffer, organizations and supporters of the LGBTQQI community. Being able to identify what protective factors GSAs or their equivalents can provide may aid in program implementation and assist other vulnerable populations with what

elements can provide long-term effects to successfully handle prejudice.

If the results prove that having a GSA or Pride Center on campus is beneficial, social work practice and policies in general will be more inclined to promote these non-curricular organizations. From this study, future research can focus on approaches and programs that will help promote hardiness in individuals who suffer from discrimination and traumatic events.

It is hoped that the results will help distribute supportive resources to LGBTQQI youth, create more awareness and urgency for the need of such programs and additional sources, but moreover that the high school community will be educated about the effects of discrimination and the elements that will promote adolescents with a positive sense of self.

In the realm of social work, the generalist practitioner process is one that enables social workers to transfer problem-solving skills across diverse populations, practice, and settings (Zastrow, 1999). It is here in this process that the results of this research will be most beneficial, in the macro and micro settings. In the micro setting, social workers can become more

aware of the value of GSAs or their equivalent. In addition, assisting school personnel in understanding the frequency of stigma and harassment and the alarming effects it has on our youth may create a useful segue for the implementation for these clubs. Micro social workers can also use this information to help LGBTQQI youth develop more resilient factors of coping while educating school staff and students on diversity within sexuality to bring about more acceptance.

Macro social workers may also benefit from this information as one can already establish there is a need for these types of non-curricular clubs. Countless studies have determined that LGBTQQI youth are more likely to develop detrimental social and health problems related to their sexual orientation (Mufioz-Plaza, Quinn, & Rounds, 2002). This study may in turn encourage social workers to further explore why this pattern occurs and what other elements contribute to constructive coping skills. The reasoning behind this study is to serve as review of the risks that exists between identifying as LGBTQQI and the methods used to cope with the prejudice. Future researchers will be able to benefit from this study by using the information as a preliminary basis for

further investigations that will focus on the LGBTQQI population and hardiness.

.

.

.

.

.

•

CHAPTER TWO

LITERATURE REVIEW

Introduction

On October 21, 2010, President Obama posted a White House Video blog that specifically addressed the recent and alarming increase in lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQQI) suicides. His speech came at a time when in the span of three weeks, five gay teens committed suicide. The families of the victims stated that they were "harassed by bullies for being gay" (Hubbard, 2010, p. 1). Because of their sexual orientation, as many as 85% of LGBT youth report being verbally assault with 40% reporting physical assault and over 60% stating that they feel unsafe at school (Martin, 2011).

In the following paper, the role of gay-straight alliances (GSA) on LGBTQQI individual's resilience is explored and investigated. The conjecture put forth in this paper is that LGBTQQI individuals who are part of their high school GSA or its equivalent are more likely to have positive factors of resilience (high expectations, autonomy, and sense of self) as opposed to

LGBTQQI individuals who did not have a GSA or Pride center on campus. The following literature review will aid in setting a foundation for this study and help to create a clear understanding of what previous research studies have found.

Factors Affecting Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex Individuals' Vulnerability

The factor that is central to the bigotry experienced by LGBTQQI individuals is the social perception of gender and what the expected roles are attached to each. Caplan and Caplan (1999) cite gender as the social role...gender means 'being feminine' or 'being masculine', standards that look different in different societies...gender is composed of a whole list of features that the society...labels as appropriate for, or typical of, one sex, including feelings, attitudes, behavior, interests, clothing, and so on. (p. 5)

LGBTQQI individuals challenge the traditional social and behavioral norms of how each gender is supposed to behave and because of this they are victims of discrimination, violence and prejudice. Society functions by the

definitions of gender and gender roles and deviation from the norm is subjected to ridicule and abuse.

Because of the everyday living stresses and social stigmatization of identifying as LGBTQQI, 50% of LGBTQQI individuals are likely to contemplate suicide and 20% are likely to experience psychological stress (Krehely, 2009). Cochran, Sullivan, and Mays (2003) state, that homosexuality could be a marker for increased occurrences of psychological distress and some mental disorders. Because of these stressors and the lack of comfort in their own communities, individuals from this population are more likely to suffer mental disorders such as anxiety and depression as they face discrimination and social inequality on a daily basis.

In a research study by Cochran, Sullivan, and Mays (2003), they hypothesized that LGBT men and women would have higher rates of mental disorders when compared to their heterosexual counterparts. Through a sample of 2,917 adults, the results supported their hypothesis and further stated that, "the findings support the existence of sexual orientation differences in patterns of morbidity and treatment use" (Cochran, Sullivan, & Mays, 2003, p. 58).

Some limitations in this research design are that out of the sample interviewed only 73 individuals who reported their sexual orientation as being homosexual or bisexual. This constrained the findings due to the fact that this study may not be generalizable due to the sample size. Another limitation was that the researchers screened only for specific types of disorders and did not measure areas where there could have been "undetected but important differences associated with sexual orientation" (Cochran, Sullivan, & Mays, 2003, p. 59). The driving theoretical perspective behind this research project was the idea that LGBT individuals are more prone to mental health disorders and increased frequency of mental health services due to the stigma and psychological stress they suffer from their sexual orientation.

Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex Youth and their Developmental and Social Challenges

Horn, Szalacha, and Drill (2008) state that "school is a place where harassment and victimization are everyday occurrences" (p. 799). It is here that students are subjected to daily bigotry and prejudice from peers and faculty members whose responsibility is to secure a

safe and supportive atmosphere. Thus, discrimination is coming not only from other students but also from the staff themselves. This not only creates a hostile environment but also impresses on the students that they have no protection against the bullying and no one they can turn to for support.

Mufioz-Plaza, Quinn, and Rounds (2002) conducted a study on LGBT students and their perceived social support in the high school setting. What the researchers found was there are significant gaps "in the social support available to participants from peers, school personnel and family" (p. 60). The researchers examined four types of social support 1) emotional support which manifests as love, trust and caring, 2) appraisal support which exists in the form of encouragement, 3) instrumental support which is concrete like money, time and assistance, and 4) informational support which comes in the form of advice. These four social supports are to hinder isolation and act as "buffers against stress and aid in the coping abilities" (Mufioz-Plaza, Quinn & Rounds, 2002, p. 54). Their results confirmed that as a LGBTQQI individual passes through stages of forming their sexual identity, they may rely on individuals in their support

networks. This positive feedback in turn, may aid in forming a positive sense of self and the ability to effectively manage anxiety caused by prejudice.

These "stress buffers" act as a shield against the potential damage stigma and stress can inflict upon a LGBTQQI person. Mufioz-Plaza, Quinn, and Rounds (2002), state that they can work against the trauma and provide the individual with positive coping abilities. Being able to utilize a social support network may help decrease the isolation, depression, and morbidity of the LGBTQQI population. In addition, they also aid in the formation of resiliency when dealing with stressful experiences.

In a research study by Mustanski, Garofalo, and Emerson (2010), two hypotheses guided the research. The first was that racial and ethnic minority LGBT youth will have a higher rate of mental disorders than their Caucasian counterparts and second, that bisexual females will specifically have a higher rate of mental disorders when compared to gay and lesbian individuals. They stated that "bisexual females would have a higher frequency of mental health disorders because of the stigma of not being accepted as wholly homosexual by the LGBT community and not wholly heterosexual" (p. 2427).

A sample of 246 self-identified LGBT youths aged 16 to 20 living in the Chicago area were recruited and asked to undergo a computerized interview and a self-reported survey regarding psychological distress. Through the interviews researchers were able to assess for a broad spectrum of specific DSM-IV diagnoses (e.g. bulimia, PTSD, reports of suicidality) while at the same time utilizing the psychiatric screening tool to uncover psychological distress. The results of this study supported the first hypothesis that LGBT minority youth would be more likely to have a mental disorder than their Caucasian counterparts. In regards to the second portion, Mustanski, Garofalo and Emerson (2010) found that "bisexually identified youths had significantly lower odds of being positive for the 'any diagnosis' composite and for lifetime suicide attempts and there was no interaction with gender" (p. 2430).

Valenti and Campbell (2009) report that studies have shown that the homophobic attitudes in schools increases the rates at which LGBTQQI youth use substances, commit suicide and ditch school due to their feelings of isolation and feeling vulnerable. It is here during an individual's adolescent years that they are going through

the process of trying to discover who they are. Erickson's (1950) theory of development helps to illustrate that adolescents are in the identity vs. identity confusion phase. It is here that Erickson compares their struggles to that of a "second toddlerhood" (Lesser & Pope, 2007, p. 274). Erickson states that the adolescent phase is where "trust and fidelity are related, and we see in our young individuals, in adolescence, semi-deliberate regression to the earliest developmental state in order to regain some fundamentals of early hope from which to leap forward again" (Erickson, 1982, p. 72). Erikson, speculates that during the phase of identity vs. identity confusion, adolescents are attempting to develop a positive identify of self as a LGBTQQI individual. Because of their sexual minority status, there are considerable chances that they will be victims of physical and emotional violence and harassment in the school setting (Henning-Stout, James, & Macintosh, 2000, p. 181).

In addition to Erickson's stages of development a model created by Vivienne Cass was developed to describe the complicated process of self-discovery and

development, of the LGBTQQI identity (Cass, 1979). LGBTQQI individuals can benefit from utilizing a GSA because the Cass model describes "a process from identity confusion, to comparison, then tolerance, acceptance, pride and finally identity synthesis" (p. 220). It is during this process that constantly seeking social contact while increasing commitment to the LGBTQQI community is forged.

An interpretation of Erickson's adolescent phase suggests that when LGBTQQI youth are met with aggression and scorn because of their sexual orientation, they may resort to regressed methods for coping with prejudice. This may manifest itself in negative ways such as suicide, drug abuse, and mental health disorders. If LGBTQQI adolescents are able to disclose their sexual orientation in an environment where safety and tolerance are promoted, "hope" is something that they can use to move forward with their lives and build stronger connections and a more resilient sense of self.

In an article by Martin (2011), she states that during the high schools years, LGBTQQI adolescents need the most support and protection, not only from the harassment but also from themselves. With their perceived

lack of support from school faculty and peers, LGBTQQI youth may be left without direct access to resources and support in their schools. On a large scale, there are 848 schools in California that currently support clubs based on sexual orientation and gender identity (GSA Network, n.d.). Although many schools throughout California have embraced these clubs, there are still a multitude of schools that do not have non-curricular clubs based on sexual orientation and gender identity resulting in a lack of social support systems among LGBTQQI youth and leading to increased suicide rates. The price of intolerance and ignorance is that nine out of ten LGBTQQI students report being harassed at school while 40% stated that their teachers or faculty members never mediated the situations (Martin, 2011). In addition, LGBTQQI students were more likely to miss classes, have dropped grades, and suffer from higher levels of depression and anxiety.

Gay-Straight Alliances Bring About School Climate Changes, but Do They Change the Individual?

Russell, Muraco, Subramanaiam, and Laub (2009) assert that through recent evidence GSAs have been shown to not only make a difference in the school climate, but

for students as well. Schools that have GSAs report more accommodating climates for LGBTOOI students and have reported less incidents pertaining to bullying and maltreatment and suicide attempts (Russell et al., 2009, p. 892). Russell et al. also state "prior research shows that involvement in school-based clubs that target marginalized populations...provides participants with positive feelings of inclusion and engagement with community...and psychological empowerment or interpersonal empowerment experiences that are important in adolescence" (p. 893). This article focused on the high school student's reports of feelings of empowerment when working with all aspects of a GSA. A limitation of this article is that it does not delve deeply into what skills were learned and what coping mechanisms the students acquired as a result.

The student's perceptions of what empowerment entailed was interpreted through their experiences with the GSA and fighting towards their goals of "social justice and sexual justice as well as social and institutional change" (Russell, Muraco, & Subramaniam, 2009, p. 893). The students state that learning facts, participating and leading the GSA helped them feel like

they were creating change. It appeared that the skills, knowledge and camaraderie they obtained while participating in the GSA were of value because knowing they have a voice and could make a change to benefit a group that is marginalized gave them a greater sense of influence and efficacy in themselves.

In 2007, a study by GLSEN (Gay, Lesbian, and Straight Education Network) studied the benefits of having a GSA in high schools. The focus of this study though was the school climate not the LGBT student's ability to cope better with the presence of this club. GLSEN (2007) states, 75% of students who do not have a GSA are more likely to be victims of daily homophobia as opposed to 57% of students who do have a GSA. In addition, LGBTQQI students whose high school utilizes a GSA are more likely to attend school because they feel protected in their environments. The study concludes that having a GSA or Pride Center in schools does change the school climate for the better as it lessens homophobic remarks and creates more of a protected environment as opposed to schools that do not have GSAs.

The theoretical framework guiding this study is that the researchers wanted to explore and illustrate the

manners in which individuals are able to understand and communicate their encounters with empowerment when involved in a GSA (Russell, Muraco, & Subramaniam, 2009). Russell's (2009) research will contribute to the current research thesis in the sense that it has already laid groundwork demonstrating that belonging to a GSA has an important and beneficial effect on students. Although this study is limited because it focuses only on the group leaders from each GSA, showed that the sense of empowerment and becoming "agents of change" are powerful experiences that LGBT students can walk away from with positive coping tools.

In a study done by Lee (2002), the main guiding perspective was that results from a previous study supported the hypothesis that partnerships "positively impact academic performance, relationships, comfort level with sexual orientation, development of strategies to handle assumptions of heterosexuality, sense of physical safety, increased perceived ability to contribute to society, and an enhanced sense of belonging to school community" (p. 13).

In this study, Lee chose to interview seven students from the original location of the first GSA in Salt Lake

City, Utah. The researchers not only used structured interviews to gather data but also looked at student academic records while a researcher kept detailed logs accounting observations made throughout the study. The results indicated that students who participated in a GSA, performed better not only academically but also in their personal lives. In recognizing the limitations of the study as well as the potential for further research, Lee (2002), stated that, insufficient research has been done regarding, what if any, positive impact GSAs have on the lives of students who are active participants. Lee and her research team only studied how the GSA affected the external aspects of an individual not their internal methods for interpreting situations and coping with them. This is the jumping board that the following thesis will use as a premise regarding GSAs and their impact on LGBTQQI individuals' factors of resilience.

Theories Guiding Conceptualization: Resilience, Minority Stress and Internalized Homophobia

Froma Walsh defines resilience as "strengths forged through adversity" (Walsh, 2003, p. 49). Walsh, a leading expert on resilience, states that "vulnerability and risk are part of the human condition; so too is the potential

for resilience" (Walsh, 2003, p. 52). Within all of us is the ability to bounce back and become hardy in times of crisis. But what exactly can and will foster that potential and cultivate it? The previous studies have come to the conclusion that the LGBTQQI population and specifically LGBTQQI youth are at risk for mental health disorders, suicide and psychological distress due to their sexual orientation. The guiding theory of resilience will focus on the belief that the interplay between LGBTQQI individuals and their high school campus GSA will foster positive factors of resilience as opposed to a LGBTQQI adolescent who does not have nor participate in their high school GSA.

Walsh further states that relationships and close bonds with others is another factor in the formation of resilience. Walsh and other researchers comment on how the "powerful influence of relationships with others...not only offered comfort and support, but, even more importantly encouraged their best efforts and belief in their potential to overcome barriers to success" (Walsh, 2003, p. 54).

Another component that may produce the negative effects on LGBTQQI individuals is the concept of minority

stress. Mustanksi, Garofalo, and Emerson (2010), state the minority'stress theory postulates, "that internal and external manifestations of prejudice, victimization and social stigma underlie health differences. Because of this LGBT minorities will have more mental disorders and harbor attitudes toward homosexuality that are more negative than those among the heterosexual population" (p. 205). Growing up in a heterosexist society where homosexuality is regarded with fear and intolerance, LGBTQQI individuals may internalize those attitudes and react with more feelings of guilt and suffering.

This theory in turn ties in with the concept of internalized homophobia. Because of these negative attitudes relating to their sexual orientation, LGBTQQI individuals "experience their own anti-homosexual feelings and add it to their apprehension of coming out" (Mufioz-Plaza, Quinn, & Rounds, 2002, p. 58). Because of the negative messages they receive throughout society and in the school environment coupled with the lack of adequate LGBTQQI resources, members of this population may internalize this conflict therefore adding to their troubled histories. Being rejected by peers, their parents and even school faculty members, the feelings of

hopelessness, lowered self-esteem, and guilt are often centralized and can present as self-destructive behaviors. Being a member of a marginalized population can bring about issues of handling social homophobia, fear of coming out, loss and stigma. Ross, Doctor, Dimito, Kuehl, and Armstrong (2007) cite that "there is a connection between coping with stigma, internalized oppression and depressed feelings" (p. 5).

In addition, when we begin to understand the negative homophobic feelings adolescent peers hold towards their LGBTQQI counterparts, then we can begin to understand the harassment these individuals may face. In a study done by Engstrom and Sedlacek (1997) the results showed that male peers held more negative and hostile attitudes toward homosexuality than their heterosexual female equivalents. Since male heterosexuals are more likely to engage in physical violence, this may account for the physical assaults suffered by LGBTQQI individuals. Heterosexual females also hold negative attitudes toward this population but their hostility may manifest as verbal threats.

Through the utilization of GSAs or their equivalent, LGBTQQI students may be able to cope more effectively

with the internalized feelings of homophobia, threats from peers and faculty and stigma they may be victim to on a daily basis. GSAs not only provide a safe area but LGBTQQI specific resources that may further aid LGBTQQI's ability to handle bigotry more effectively. It is also here that LGBTQQI individuals can normalize their feelings and find comfort and encouragement.

Lesbian, Gay, Bisexual, and Transgendered College Aged Young Adults, Positive or Negative Coping Styles?

The studies previously reviewed have done extensive research in regards to the effects of discrimination on LGBTQQI youth, the positive climate that results in participating in a GSA, the feeling of empowerment when working and participating in a GSA and the theory of resilience and how relationships are key. All of these studies are valuable but it appears that very few have discussed the long-term individualistic affects on LGBTQQI young adults, whether positive or negative, of joining a GSA. Evidence has shown that having a GSA on campus contributes to the overall climate for students in that it promotes acceptance, understanding and empowerment through participation and knowledge but

whether or not it contributes to an individual's ability to confidently and effectively cope with discrimination is yet to be seen.

Currently there are no studies to indicate that GSAs have an effect on an individual's factors of resilience. The proposed hypothesis is that LGBTQQI young adults aged 18 to 25 who participated in their high school GSA will have positive factors of resilience as opposed to LGBTQQI young adults aged 18 to 25 who did not participate in their high school GSA will utilize poor coping skills. Positive factors of resilience will be characterized by "social competence, autonomy, and sense of self, sense of meaning and purpose and high expectations" (Constantine, Benard, & Diaz 1999, p. 7). Behaviors that display an absence of resilience would be suicide, mental health disorders, dropping out of school and drug and alcohol abuse.

Summary

This chapter has outlined literature that underlies the research and points attention to areas where further research should be focused. LGBTQQI individuals suffer from discrimination not only from society as a whole but

from their peers and faculty members at their high school campus. Because of this, it leaves this population vulnerable to mental health issues as well as suicide. Out of the research that backs up and reiterates how LGBTQQI youth are affected negatively by this prejudice, there comes a call for support networks in the school systems to specifically address this population's needs. GSAs not only create a safe environment for LGBTQQI students to learn and thrive but can help them build relationships with others so they may develop positive factors of resilience (Walsh, 2003).

į.

CHAPTER THREE

METHODS

Introduction

This chapter will summarize all aspects of the design of this study. Sampling methods, data collection and instruments will be discussed, as will data analysis. Justification for the methods and instruments utilized will be addressed, as will potential limitations. To conclude, this chapter will talk about the human participants and the lengths that were taken to ensure their safety and anonymity.

Study Design

The overall purpose of this study was to explore any relationship between lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQQI) young adults high school participation in a Gay-Straight Alliance (GSA), or its equivalent in high school, and their present factors of resilience. Along with the quantitative aspect, qualitative data was also gathered. This study was qualitative and quantitative in nature in the hopes that it would provide not only a measurable way

to establish if there was any relationship but also to gain better insight through a narrative approach.

The research instruments used to gather data were the Courage to Challenge Scale that was created to specifically assess and measure psychological resilience or hardiness of LGBTQQI individuals, and a short qualitative feedback form that was formed by structured questions and emailed to participants. Although the quantitative aspect of the research design aided the researcher in seeing correlations between an active role in a GSA and positive factors of resilience, it was hoped that the qualitative data would provide more details and pertinent information that a quantitative questionnaire could not truly capture.

The first instrument, The Courage to Challenge Scale (Appendix A), is an assessment tool that's primary goal is to adequately measure the hardiness of the LGBTQQQI population. At the end of the scale, demographics were gathered to obtain a better picture of the LGBTQQI population and to see if there were any correlations present besides sexual orientation.

The second instrument, the 11-question qualitative feedback form (Appendix B) that was emailed to the

participants, was not a standardized instrument used to collect data. It was created by the researcher in the hopes of gathering and eliciting qualitative information from willing respondents. This aided in indicating factors involved in the formation of the participant's resiliency and other elements the participants feel contributed to their ability to manage discrimination in a constructive way.

The questions used to elicit information were guided by the idea of expanding on the experiences LGBTQQI individuals had encountering homophobia and what, if any, factors helped them cope. First, participants were asked to describe their coming out process, as this was an important question due to the discussion of any support networks that may have aided them during this progression.

The following several questions inquired as to whether or not they had a GSA or its equivalent on their high school campus and if there were active participants. If they were involved members, several questions investigated their personal experiences, what skills they felt they gained as a result, what positive and negative encounters they had and would they suggest having this

kind of support network on high school campuses. If they were not active members, they were asked what they felt helped them effectively cope with prejudice, whether it was other resources or supports they utilized to help deal with their negative experiences.

Since support can come in many different forms, participants were asked, "What other factors in your life do you feel contributed to how you cope with intolerance?", specifically, encouragement from biological family, chosen family, and any other systems or relationships that were not specified. In closing, participants were asked if they felt there was anything not previously mentioned that had an impact on how they grappled with inequality. The focus of these questions was to detail the unique personal experiences confronted by LGBTQQI individuals, the extent of family and peer involvement and if GSAs did or did not aid them in the positive formation of self and the ability to constructively combat bigotry.

The research question is whether involvement in a high school GSA contributes to an LGBTQQI member's positive factors of resiliency. It is hypothesized that GSAs have a positive impact on an LGBT member's

resilience and their methods of coping with prejudice and discrimination.

Sampling

As previously mentioned, snowball and convenience sampling were used in gathering data. At least 30 individuals were needed to fill out the Courage to Challenge questionnaire and approximately 8 to 10 participants were needed to fill out the emailed qualitative feedback forms. Students were recruited from the Pride Center at California State University San Bernardino's Student Union. Students in classes such as Gay and Lesbian Studies were also recruited since a majority of LGBTQQI students may not utilize the services at the campus Pride Center. In addition, recruitment flyers (Appendix C) with tear-away tabs with the surveys link, contact information and a short description of what the study was about were posted around campus and in the Pride Center to ensure a mixed population of those who were active and those who were not in their GSA or its equivalent. The researcher was the only individual collecting, interpreting, and analyzing the data as this was to ensure anonymity and confidentiality.

Data Procedures and Instruments

The data that was collected consisted of scores from the Courage to Challenge questionnaire, participant demographics and the experiences and understanding of the LGBTQQI participant's through the emailed qualitative forms. The independent variable is the active involvement in a high school GSA or not and the dependent variables measured is the LGBTQQI participant's scores on the Courage to Challenge survey.

The Courage to Challenge is a tool that was created in 2009 by Mark Smith, PhD., a social worker from Barry University in Miami Shores, who saw a need for an assessment to adequately appraise the hardiness or resiliency in the LGBTQQI population. Smith (2009) states that LGBT specific research has not kept up with LGBT individuals, their specific coping methods, and any other possible contributing factors. In recognition of this, Dr. Mark Smith of Barry University, Miami Shores created the Courage to Challenge Scale. This was so unique coping strategies, and personal characteristics that may be present in LGBTQQI members will not be overlooked (Smith & Gray, 2009). Permission to use this scale was granted

(Appendix D) as use in additional studies may aid in assessing the reliability and validity of the tool.

The Courage to Challenge Scale consists of 18 statements that focus on "supportive environments, protective interpersonal relationships and intrapersonal attributes or hardiness" (Smith & Gray, 2009, p. 75). The scale uses a seven point Likert scale with the responses ranging from strongly disagree (1) to strongly agree (7) with reverse scoring on items 2, 6 and 15. The resulting interval scores can range from 18 to 126 with a higher score meaning self-efficacy, the ability to effectively cope with stress and the ability to confront negative "social messages about one's sexual orientation and gender identification" (Smith & Gray, 2009, p. 76).

The 18 questions used to gather qualitative data discuss possessing such attributes as courage, honesty and humor. They are also are aimed at assessing several concepts which aid in identifying an LGBTQQI members' ability to cope with hostility from others, fear, the influence of a support system, the use of humor, personal growth, and self-efficacy to accomplish goals and move forward with one's life. These questions are meant to evaluate three concepts, which are believed to aid in

forming positive coping strategies and individual resistance to the effects of discrimination. The · questions analyze the intervening effect that "supportive environments" can provide, the "quality and nature of protective interpersonal relationships" and the innate characteristics of LGBTTQI individuals (Smith & Gray, 2009, p. 76).

Some such questions are, "I have the courage to stand up for what's right" and "My sense of humor helps get me through tough times." In addition to discussing internal attributes, the survey questions are also aimed at gathering information regarding the respondent's feelings towards their support systems or lack thereof. Questions such as, "When people don't support me, it doesn't stop me from going ahead with my goals" and "When people don't support me, it doesn't get me down" as some of the qualitative questions oriented towards support systems.

The purpose of the questions in the qualitative feedback form was to elicit experiences from the participants and gain a better understanding of their experiences with GSAs. The feedback form that was used consisted of 11 questions such as, "What skills do you

feel you gained as a result of being an active member?", "If you were not an active member, how do/did you deal with discrimination and prejudice?" and "What other factors in your life do you feel contributed to how you cope with intolerance?" To ensure cultural competency and sensitivity, these questions were run by the researcher's faculty supervisor and members of California State University, San Bernardino's Pride Center.

The tool used was created to draw out the participant's feelings and experiences due to their involvement with the GSA. It was also created to start an information flow about what skills they feel they have acquired due to being active members. For those that did not have a GSA or were not actively involved, they will also be asked to give their accounts of how they deal with intolerance so a comparison may be made. Any other factors that may have had an influence were also inquired about as to get a better comprehensive view of any possible contributing factors.

Procedures

The Courage to Challenge questionnaire was administered through an online survey program. This

ensured anonymity and encouraged more participants to volunteer as this technique allowed the respondents more privacy, helped promote honesty and lended more credence to the results. Following the SurveyGizmo online survey, participants were invited to further contribute qualitative information that was gathered by feedback form. If they decided to participate they contacted the researcher directly via email. The researcher then responded and attached the qualitative feedback form in an email, informed consent and a debriefing form. Upon completing the form, the participants were asked to email the marked informed consent and feedback form back to the researcher and to also receive the incentive as promised, a gift card. To assist in increasing the number of participants, an incentive in the form of \$5 Subway gift cards was offered. The gift cards were left with the Department of Social Work's administrative assistant in a plain numerically marked envelope. The assistant was not told anything about the envelopes except that some individuals would be coming by to pick them up. Upon recipient of the completed emailed forms, the researcher then emailed the participant a number corresponding to one on the envelope, and where they could pick it up.

45

Protection of Human Subjects

This study used safety measures to guard the participants' identities. Since data was gathered by two different methods, an online survey and through an emailed open-ended questionnaires, extra measures were needed to ensure the confidentiality and anonymity of the participants. Through the online questionnaire, an informed consent form was provided that asked for a check mark consenting to the study (Appendix E). No addresses, names, or other identifying marks were required to guarantee absolute anonymity. The respondents were then assigned a number that corresponded to their answers and score for data analysis purposes. On completion, a short debriefing statement (Appendix F) was provided that again informed the participants about the purpose of the study.

In regards to the qualitative feedback form, upon completion of the online survey, participants were invited to volunteer and asked to contact the researcher directly if they wished to share their experiences with GSAs and any other support systems they felt contributed to their resiliency in more detail. In addition to emailing the feedback forms, an informed consent specific to this part of the study (Appendix G) was attached to

ensure that all participants were aware of the risks associated to volunteering personal information via feedback forms. To further help ensure confidentiality, any identifying information or comments that were written in the questionnaires were kept by the researcher in a locked drawer.

Data Analysis

The quantitative data analyzed to test the hypothesis were from the Courage to Challenge Questionnaire. Demographic data and coping data will be analyzed. Frequencies and percentages will be calculated for demographic data. The scale is meant to measure an individual's ability to successfully cope with adversity. The scores collected were analyzed using the Statistical Package of Social Sciences (SPSS) software. Through a t-test one was able to compare the coping ability of the two groups (those who had a GSA and those that did not) via their respective scores to see if there was truly a relationship between participating in a GSA and high resilience.

For the qualitative data, the information was gathered via emailed questionnaires. It is thorough these

means one would be able to take into account other factors that may influence coping strategies. Using Word, all participants' corresponding responses were grouped according to themes.

Summary

~

This chapter explored and explained the methodological approach to gathering and analyzing the data. In addition to providing the limitations and instruments to be used, specific procedures for accomplishing the study were explained as well as the means of recruiting participants. The protection of the participants was discussed along with the measures that were taken for data gathered by two separate means. Through the qualitative feedback forms, it was hoped that participants would feel their experiences were not isolated events and through a more private approach would be more willing to elaborate on their experiences making it easier to share.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the study's outcomes, including the descriptive and inferential statistics. Among these findings, the sample population will be discussed including their demographics, which include ethnicity, religion, whether or not they participated in gay-straight alliances (GSA), and sexual orientation and identified gender. Scores from each online survey were compared using a t-test to identify if there was any significant relationship between the coping skills of those who participated in a GSA and those who did not. In addition, the responses from a short questionnaire, used to gather qualitative data, will be discussed.

Presentation of the Findings

The study had a total of 36 participants who partook in the online 18-question Courage to Challenge survey. The number of participants was evenly split when the demographic of participation in a GSA was analyzed. Participants were grouped into three ethnicity groups, Hispanic, White Non-Hispanic, and people of other

ethnicities. Table 1 shows that of the 36 participants involved, an overwhelming majority identified as Hispanic, while the ethnicity of White-non-Hispanic was the second largest group. The smallest ethnic group that identified as Other, consisted of African-Americans, Asians and Multi-racial individuals. These demographics are somewhat consistent with the population at California State University San Bernardino as 46% identify as Hispanic, and 30% identify as Caucasian (CSUSB, 2011).

| | Frequency | Percent | Cumulative Percent |
|--------------------|-----------|---------|-----------------------|
| Hispanic | 21 | 58.3 | 58.3 |
| White Non-Hispanic | 10 | 27.8 | 86.1 |
| Other | 5 | 13.9 | 100 |
| Total | 36 | 100 | |

Table 1. Ethnicities of Respondents

In addition, the participants were also varied in religious orientation as table 2 indicates. The majority of participants identified their religious orientation in the category Other, which was comprised of Evangelical Christian, Buddhist, Atheist and others not mentioned. The top two religious orientations that tied for second

were Roman Catholic and Spiritual followed by those that stated they did not have a religious affiliation and the least affiliated religious orientation was that of Protestant Christian.

| | Frequency | Percent | Cumulative Percent |
|----------------------|-----------|---------|-----------------------|
| Other | 9 | 25 | 25 |
| Roman Catholic | 8 | 22.2 | 47.2 |
| Spiritual · | 8 | 22.2 | 69.4 |
| None | 7 | 19.4 | 88.8 |
| Protestant Christian | 4 | 11.1 | 100 |
| Total | 36 | 100 | |

Table 2. Religious Orientation of Participants

In regards to sexual orientation Table 3 illustrates that majority of participants identified as Lesbian, followed by those that stated they were Gay and the last sexual orientation as other, which consisted of Bisexual, Pansexual, Queer and other not stated.

| | Frequency | Percent | Cumulative Percent |
|---------|-----------|---------|-----------------------|
| Lesbian | 13 | 36.1 | 36.1 |
| Other | 13 | 27.8 | 63.9 |
| . Gay | 10 | 36.1 | 100 |
| Total | 36 | 100 | |

Table 3. Sexual Orientation of Participants

Table 4 shows each of the 18 questions on the Courage to Challenge Survey and the percentage breakdown regarding participant's responses as grouped by "disagree", "neutral" and "agree". As shown, the vast majority of respondents have shown to possess high levels of self-efficacy, an optimistic outlook and a positive self-image. In addition to gaining the personal characteristics of courage, integrity, honesty and hardiness through their adverse experiences, the participant's responses also demonstrated the ability to differentiate their emotions from situations and not allow them to influence their actions.

In regards to positive coping strategies, a sizeable amount of respondent's agreed that they use humor as a coping mechanism and that the belief in themselves encourages them to endure difficult times. In addition,

| Sur | vey Question | Disagree | Neutral | Agree | Cumulative Percent |
|-----|---|----------|---------|-------|-----------------------|
| 1. | I believe that things usually turn out for the best | 11.1% | 13.9% | 75.0% | 100 % |
| 2. | Dealing with difficult situations has NOT helped me grow in positive ways | 88.8% | 5.6% | 5.6% | 100% |
| 3. | When I encounter people's hostile attitudes, I can control my reactions | 16.7% | 16.7% | 66.6% | 100% |
| 4. | When people don't support me, it doesn't stop me from going ahead with my goals | 8.3% | 2.8% | 88.9% | 100% |
| 5. | I guess I'm pretty tough because I've gotten through some hard times | 2.8% | 5.6% | 91.6% | 100% |
| 6. | I let fear rule my life | 86.2% | 2.8% | 11.0% | 100% |
| 7. | Believing in myself helps me through some hard times | 2.8% | 0.0% | 97.2% | 100% |
| 8. | I'm determined to reach my goals in life | 0.0% | 5.6% | 94.4% | 100% |
| 9. | I'm convinced that if you put your mind to it, you can do almost anything | 5.6% | 8.3% | 86.1% | 100% |
| 10. | I have the courage to stand up for what's right | 2.8% | 2.8% | 94.4% | 100% |
| 11. | It's important to me to be honest about who I am | 0.0% | 2.8% | 97.2% | 100% |
| 12. | When people don't support me, it doesn't get me down | 30.5% | 8.3% | 61.2% | 100% |
| 13. | Getting through tough times prepares me for future challenges | 2.8% | 5.6% | 91.6% | 100% |
| 14. | My sense of humor helps get me through tough times | 2.8% | 5.6% | 91.6% | 100% |
| 15. | Integrity is not an important personal value of mine. | 80.6% | 8.3% | 11.1% | 100% |
| 16. | Even in the midst of very stressful times, I can find something to laugh about | 8.4% | 11.1% | 80.5% | 100% |
| 17. | I guess I have spiritit's hard to keep me down | 16.7% | 8.3% | 75.0% | 100% |
| 18. | Finding the courage to "come out" has made me a much better person | 5.6% | 8.3% | 86.1% | 100% |

Table 4. Percentage Breakdown of Courage to Challenge Answers

÷

.

ı.

the results showed that participants placed more emphasis on having positive support from those around them then being able to accomplish their goals alone.

These questions were aimed towards how these individual's unique experiences have or have not encouraged personal growth and self-efficacy. In regards to the responses, it appears that overall the majority of individuals have a positive outlook on how their experiences have aided in their personal growth and their ability to handle prejudice in productive ways. The majority used humor and belief in oneself as positive coping mechanisms.

The scores from the Courage to Challenge Scale ranged from 68 to 121, an elevated number is indicative of higher self-efficacy, positive coping strategies, and internal hardiness when faced with inequality. Fifty percent of respondents scored 109 or higher while the majority scored 110. Table 5 lists the mean, median, and mode of all the participant's scores and reflects the premise that a higher score is indicative of elevated levels of confidence, positive coping strategies and hardiness. Out of the 36 LGBTQQI participants, the mean was 105.25, which suggests that the majority of

respondents possessed the ability to mature from exposure to life's stressors while maintaining a positive outlook and an increased capacity for successful coping.

| Table 5. | Mean, | Median, | and | Mode | of | Courage | to | Challenge |
|----------|-------|---------|-----|------|----|---------|----|-----------|
| Scores | | | | | | | | |

| | Scores | | |
|--------------------|--------|--|--|
| Mean | 105.25 | | |
| Median | 109.5 | | |
| Mode | 110 | | |
| Standard Deviation | 1.3 | | |

An independent-samples t-test was conducted to compare the Courage to Challenge scores between groups that had a GSA and those that did not. There was no significant difference in the scores for those that had a GSA (M = 101.67, SD = 13.02) and those that did not (M = 108.83, SD = 12.29; t (34) = -1.7, p = .10, two-tailed). The degree of differences in the means (mean difference = -7.17, 95% CI: -15.75 to 1.41) was small (eta squared = 0.029).

In regards to the qualitative data, all 11 questions were looked over but the following are specific examples

that show similar trends and differences. A total of four questionnaires were collected from individuals who identified as bisexual, lesbian, transgender (female to male) and gay. In regards to whether or not they had a GSA on their high school campus, the numbers were evenly split. Questions were grouped together to find similarities among the answers and to determine what, if any, external factors contributed to their resoluteness.

One area of examination was for each participant to describe his or her coming out process. This was especially important as it was meant to take a closer look at what resources these participants tapped into and what support systems they utilized. One participant stated, "I remember I told my mom I was dating a woman in high school, she was like 'oh ok' and it wasn't a big deal. When I told my grandmother, she was really supportive and accepting" (Respondent #1, emailed communication, February 2012) while the second participant declared, "When I was 16 or 17 my mom sat me down and told me she knew I was gay and that it was okay with her no mater what and that they supported me" (Respondent #2, emailed communication, March 2012). The third participant stated that "besides confiding in my

sister a few years earlier that I thought I was bisexual, I didn't begin to come out to anyone else other than a few close friends" (Respondent #3, emailed communication, February 2012). While the first three participants cite close bonds with immediate family members to whom they relied on for support and to disclose to, the fourth participant stated

I tended to admit my homosexuality when confronted with it by friends and family. My parents figured it out early and are trying to convince me it is wrong...I kept this aspect of my life as secret as possible and only discussed...with my closest friends. (Respondent #4, emailed communication, January 2012)

The support of family appears to be the primary goal but if that unit does not accommodate the LGBTQQI individual's need for comfort, the next approach would be to benefit from reliable peer relationships. In the quantitative data, item 18 asks, "Finding the courage to come out has made me a much better person", the results indicate a very high percentage (86.1%) that agree with this statement. This coupled with the qualitative data regarding the coming out process may help to show that if

an individual is surrounded by a supportive network comprised of family members and peers, their experiences tend to be more upbeat and may aid in instilling positive internal attributes thus forming beneficial coping mechanisms.

The next area of inquiry was if other external factors helped contribute to their individual ability to cope with intolerance. Three respondents stated again that immediate family and close friends who were supportive were their greatest sources of strength and support. The last respondent stated he relied primarily on books and "internet articles that support homosexual" while trying "not to think about the negativity" his family has exposed him to (Respondent #4, emailed communication, January 2012).

Consequently, the next area of examination was their feelings toward GSAs and similar support systems and other resources they feel helped them deal more effectively with inequality. All four participants responded favorable towards GSAs and other support systems all stating that they are needed to aid the youth in knowing that they are not alone and it does get better. In addition, all four participants stated that

these GSAs or supportive networks would enable youth an outlet to discuss their feelings, increase their awareness of positive coping through mutual-aid, discuss safe sex, ways of handling (cyber) bullying and that they are creators of their own happiness. One participant stated, "We need more groups that fight against the bigots who are trying to indoctrinate society with their frivolous claims that LGBTQQI people are perverted and destroy society" (Respondent #4, emailed communication, January 2012). As well as the aforementioned benefits, a GSA would also aid in providing role modeling in the form of "seeing other gay people who are well-adjusted, happy and confident in themselves" (Respondent #3, emailed communication, February 2012).

Summary

This chapter presented the demographic characteristics of the sample of 36 participants. A large portion of the respondents identified as Hispanic with the second largest group categorized as White Non-Hispanic. An independent t-test was conducted to identify if there was a relationship between the Courage to Challenge scores and whether or not the respondents

participated in a GSA. Findings from an emailed open-ended questionnaire were also presented to identify if there were other factors involved that may have contributed to their resiliency and ability to appropriately handle discrimination and adversity. Although there was no significant relationship between the scores and GSAs, the personal experiences and perspectives of the participants aided in shaping a better-rounded picture of what has worked for them and what they feel would aid the LGBTQQI youth of today.

The Courage to Challenge scores revealed the majority of participants have high levels of internal resiliency and placed emphasis that having a positive support network was valuable to them. Regarding the qualitative data, great weight was placed on family and peer support that not only assisted LGBTQQI individuals during the coming out process but also aided in forming their internal strength. In addition, the qualitative data did not present a definite link between the formation of positive coping skills to participation in a GSA, but all four respondents responded very adamantly about the necessity of their formations on high school campuses.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will explore the findings of the study and their present and future implications for social work practice, policy and research. In addition, limitations of the study will also be discussed.

Discussion

This study proposed that Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQQI) individuals who participated in their high school Gay-Straight Alliance (GSA) were more likely have to have positive coping skills as oppose to individuals who did not. In the small study sample of 36 participants, each was grouped by religion, ethnicity, and sexual orientation. Of the 36 respondents, the majority identified as Hispanic, Roman Catholic, and Lesbian. These demographics were hoped to be as diverse as the LGBTQQI community itself in order to be more representative.

The study found that an overwhelming number of participants scored 109 or higher indicating their

ability to successfully cope with adversity. But the t-test indicated there was no significant relationship between the Courage to Challenge scores and respondent's participation in their high school GSA. This signified that the majority of the participants had fairly healthy and well-developed coping mechanism that aided in them managing discrimination. These results coupled with the qualitative data indicated that it is possible family and healthy peer support aided in LGBTQQI individual's ability to effectively cope with negativity without dire consequences.

In regards to the qualitative component, three of the four responses displayed a general theme that emphasized family and close friend support that was a very influential factor in coping with discrimination in a healthy way. One respondent was in a unique position as he identified as a homosexual male whose family was aware of his sexual orientation early on, and because of this they took extreme measures and interventions to educate him on the "dangers of the homosexual lifestyle" (Respondent #4, emailed communication, January 2012. Moreover, his parents forced him into reparative therapy, which has damaged his perspective and trust of family

support and some peer support. This participant does state that he had a GSA on campus but was too fearful of becoming a target if he was an active participant.

This finding is consistent with conceptualization of the coming out process on-going throughout one's life. An LGBTQQI individual may rely on several types of social support to help them develop their sexual identity and come to individual acceptance (Mufioz-Plaza, Quinn, & Rounds, 2002). Similar to the Cass Model described earlier, LGTQQI individuals may go through several stages when forming their sexual identity. These degrees can vary from denial, confusion, and eventually acceptance. To finally achieve synthesis of their sexual identity, LBGTQQI individuals require multiple resources that support their views and help them make sense of things. These resources can include GSAs or their equivalent, family support and peer support. As indicated in the qualitative data, family support and positive peer relationships were the common thread that enabled LGBTQQI adults the ability for self-efficacy and positive methods of handling discrimination.

To help explain the results of the t-test and the qualitative data, research by Mufioz-Plaza, Quinn, and

Rounds (2002) state, there is an "emerging identity during high school and the interplay between sexual identity and development and social support" (p. 56). The role of high schools is to not only educate our youth but to help aid and support them as they struggle to develop their individual and sexual identity through social norms they witness in their surrounding environments. Unfortunately if schools do not change the ways they approach human sexuality our LGBTQQI youth will remain a high-risk population due to the heterosexual model that is maintained throughout society. By incorporating GSAs in high schools it is hoped that the mainstream heterosexual model will incorporate concepts of homosexuality as increasing awareness to this minority will aid students who struggle with their sexuality. By bringing recognition to the LGBTQQI community, struggling students will be able to process the negative messages, educate themselves, and find the support they need to develop as healthy adults.

Limitations

There appear to be several limitations in this study. One limitation of the study is the apparent lack

of literature, research and studies that focuses on the LGBTQQI student's positive or negative coping mechanisms and resilience due to having a GSA or not. Mustanski, Garofalo, and Newcomb (2011) state that there are currently no studies that focus on adolescent resilience and a hardiness structure for LGBTQQI teens. This poses a significant problem as there is a void in the research. It has been established through countless studies that high percentages of LGBTQQI individuals suffer from mental health issues, suicide risk, and other factors that affect their emotional, psychological, and physical well-being. But there have been no investigations as to what instills resiliency or what contributes to this concept as not all LGBTQQI individuals suffer the stressful effects of discrimination. On the other hand there have been studies relating to risk and protective factors conjunctly as predictors but nothing specifically on the protective factors as they pertain to LGBTQQI and their resiliency.

Another potential limitation is the scale used. The Courage to Challenge scale is a relatively new scale and although it has been shown to be valid and reliable through "power analysis calculations, the findings...of a

65

ς,

new instrument's validity and reliability are preliminary and require additional verification" (Smith & Gray, 2009, p. 84). Use in further studies is still needed to broaden the reliability and validity of this tool so the concept of hardiness may be generalizable to the LGBTQQI population.

Another limitation is the method used to recruit participants. Through snowballing and convenience sampling, the data collection was limited and may not represent the experiences and views of all LGBTQQI individuals who did or did not participate in their high school GSAs. The information gathered may not be generalizable to all LGBTQQI individuals above the age of 18 since the sample size was small and not all sexual orientations where adequately represented. Of the 36 participants, no one identified as Intersex, Transgender, or Transexual. These restrictions placed the study in a unique situation, as the input and perspectives of these members was non-existent. In addition, since literature suggests there are noted difference in experiences of individuals who identify as Transgender, Bisexual, and Transexual, their experiences and scores would place the perspective of this study in a different light. It may

also be helpful to create a study that would adequately capture their encounters with prejudice from peers, members of the LGBTQQI community and if GSAs or their equivalent had any impact on their coping mechanisms.

An additional limitation is the lack of qualitative input from individuals that were non-participants in their GSAs and if the lack of participation or organization had a profound impact on the school climate and their individual managing techniques. It would be helpful if more participants who were participants and non-participants in their GSAs contributed to the qualitative feedback form so more information could be gathered to make a connection to the benefit, or lack of, participating in a GSA.

A limitation on the gender of participants was disproportionate as the percentages of identified females (F = 25, M = 8) as opposed to males may have skewed the results as women mature earlier and may resolve their sexual identity sooner then men therefore allowing time for greater coping skills to develop (Van Wormer & McKinney, 2003). To provide a more accurate picture, it may be beneficial to research and juxtapose the coping skills of identified males versus females to assess if

GSAs may be more appropriate at certain stages in youth's lives or if the different genders have specific needs in relation to their identity development.

Since the high school years and adolescence are times when individuals are attempting to figure out who they are and where they fit in the world. It has been suggested that males and females innately know their sexual inclinations at different ages. Females typically solidify their sexual orientation during high school or early college years whereas males establish theirs during the elementary or middle school years (Mufioz-Plaza, Quinn, & Rounds, 2002). It may be helpful to perform an analysis of LGBTQQI individuals who identify as female, male and other (e.q. queer, questioning, intersex) to gauge if their experiences are different considering they may establish their sexual orientation at different ages and stages in their lives thus affecting their development of coping skills.

Unfortunately another limitation of the study was that of the 36 participants who responded to the online survey, only four contributed to the qualitative feedback form. It was hoped that at least half if not more of the respondents would be able to contribute some feedback as

to their experiences. This would have aided in piecing together a more comprehensive picture of what elements besides GSAs can aid in the healthy interpersonal development of an LGBTQQI individual. Albeit few, the contributions the respondents made painted a small picture of what they have experienced growing up. Feedback from the four individuals represented four of the sexual categories researched, lesbian, bisexual, gay, and transgender.

Some people may not think that there is much diversity within the LGBT community but there are as many differences within this population as there are in their heterosexual counterparts. A limitation of this study is that it clusters together the different groups of sexual orientation and identification when there should be a division and separate studies on two specific groups, which are bisexuals and transgender individuals. These persons experience more mental disorders and substance use as a result from a greater amount of stigma from both society and the LGBT community (Haas et al., 2011). Bisexuals may be stigmatized for not being wholly homosexual or wholly heterosexual. Transgender individuals are negatively affected by the fact that they

express or identify with a gender different from the one they were born into. These two groups within the LGBT community are subjected to more discrimination, social isolation, and victimization and because of this are more likely to develop mental illnesses and substance abuse issues (Mustanski, Garofalo, & Emerso, 2010). Due to these factors, specific approaches should be examined and implemented when researching these individual's unique experiences to social LGBTQQI stigma.

Another diversity limitation is that this study did not adequately address the needs of ethnic minorities within the LGBTQQI population. Racial minority LGBTQQI individuals encounter both heterosexist attitudes and discrimination from a primarily heterosexual Caucasian society (Senreich, 2010). In addition to this, LGBTQQI ethnic minorities regularly face negative responses from individuals from similar ethnic backgrounds, for being LGBTQQI while also facing discrimination from the Caucasian LGBTQQI community. Senreich (2010) states, discrimination that is prevalent in American society is very similar to what racism is in the LGBTQQI community, and because of this feelings of isolation and hostility can occur. With the 58.3% of the participants identifying

as Hispanic, it would be interesting to take a more in-depth look as to their experiences especially in relation to their ethnic status.

Last of all, a limitation on this study is the demographic of age was not collected. This was an unfortunate omission as it could have allowed the researcher to evaluate whether or not the age and was a factor in coping mechanisms. Another aspect to consider is that older LGBTQQI adults may not have been exposed or had access to GSAs or "safe places" in school due to this relatively recent concept.

Recommendations for Social Work Practice, Policy and Research

Gay-Straight Alliances (GSAs) or safe places on high school campus allow an environment of acceptance, safely and mutual aid. Hellman (2011) states that, "LGBT peer support allows for a process of authentic identification with others like oneself. It promotes forms of socialization, role modeling and individuation not otherwise available in mainstream settings" (p. 133). The use of this culturally sensitive component within the high school settings will allow LGBTQQI individuals to establish a "safe place" where they can connect in a

unique way. These organizations are where pride, self-esteem, acceptance, support, and hope are encouraged and promoted as the burden of intolerance and inequalities are integral part of a healthy development. Not only will GSAs provide a safe and accepting environment but also aid in connecting youth to a larger LGBTQQI community. These organizations or "safe places" can in turn provide coping resources and an opportunity for support and openness while in a non-stigmatizing environment.

GSAs can also help promote a unified sense of purpose and help cultivate the mutual aid approach of sharing (Turner, 2011). Parsons (2002) states, "Empowerment necessitates that people gain particular skills, knowledge and sufficient power to influence their lives and the lives of those they care about" (p. 397). Through participation in a GSA, it is hoped that while bringing awareness to the LGBTQQI community, individuals can unite against repression, emphasize personal responsibility, focus on increasing their personal strengths, and self-efficacy (Parsons, 2002). In addition, students can be linked to local LGBT friendly community centers, health and HIV clinics, legal aid,

faith groups, family support organizations, educational resources and other minority clubs.

It also allows the individual empowerment through educating themselves and others, otherwise known as the "helper-therapy principle". This principle states that the individuals who are able to take on a didactic role "increase their level of interpersonal competence as a result of making an impact on another's life" (Riessman, 1965, p. 28). By educating family members and peers, LGBTQQI individuals may gain more support and acceptance.

From the majority of relatively high scores on The Courage to Challenge Scale and through the qualitative input, participants cited family and peer relationships to be the most supportive in the formation of their beneficial coping mechanisms. Since GSAs and their equivalent provide not only LGBTQQI specific resources but education about different sexual orientations, their function can extend far beyond serving members of the LGBTQQI community but include their family, friends and supporters. The purposes of a GSA are to create a safe environment for students, dissipate myths, and educate individuals on homophobia and issues related to sexual orientation.

In addition to GSAs in high schools, there are three other measures schools may take to reduce bullying based on sexual orientation and reduce the rates of suicide and mental illnesses among students. Dina Martin (2011) recommends that in order to create this safe school climate for adolescents, the "lessons" to be addressed are Lesson One: Establish a Gay-Straight Alliance,

Lesson Two: Provide anti-bullying training emphasizing LGBTQQI issues, Lesson Three: Develop the presence of supportive staff and Lesson Four: Include LGBTQQI figures in the curriculum. These lessons are to highlight that there are safe places at school for the gay community, education about LGBTQQI issues will hopefully break down intolerance and the presence of LGBTTQI staff will aid in creating positive role-models.

The results of this study have shown that of the 36 participants, there are high levels of resiliency. Although the data shows that participation in a GSA is not a mitigating factor, the influence of family and peer relationships were noted to be important. Since the functions of GSAs can be extended to educate family members and help create a safe school environment with

educated peers, the need and importance of GSAs in high schools should not be overlooked.

Conclusions

Previous research has stated that individuals who identify as LGBTQQI are at more risk to develop mental illnesses, commit suicide, and have substance abuse issues. This study was aimed on identifying what if any protective factors Gay-Straight Alliances (GSAs) provided in the positive coping skills of adult LGBTQQI individuals. The results of no association proved unexpected but further research and multi-faceted approaches are needed to provide an accurate assessment of the survival techniques utilized by this group of individuals.

In addition to GSAs it is also suggested that schools incorporate LGBTQQI staff, trainings on LGBTQQI issues and employ an anti-bulling regulation that would encompass bullying based on sexual orientation or perceived sexual orientation. The cumulative affect of these approaches is hoped to help dispel myths about sexual orientation, create a more accepting school climate, educate students, faculty and family members

about LGBTQQI issues and assist students in developing a more tolerant view of the world by incorporating prominent figures that identified as LGBTQQI.

In conclusion, in this study the participation in GSAs or its equivalents yielded no significant results. It is hoped though that future research further investigates the relationships between GSAs, resiliency and coping strategies so the incidents of suicide, mental illnesses and bullying of LGBTQQI youth can be significantly improved and decreased.

APPENDIX A

COURAGE TO CHALLENGE QUESTIONNAIRE

.

The Courage to Challenge: The LGBT Hardiness Scale

Please answer by marking how accurately the following statements match your own feelings.

| Strongly | Mildly | | Mildly | | Strongly | |
|----------|----------|----------|---------|-------|----------|-------|
| Disagree | Disagree | Disagree | Neutral | Agree | Agree | Agree |

- 1. I believe that things usually turn out for the best.
- 2. Dealing with difficult situations has not helped me grow in positive ways.
- 3. When I encounter people's hostile attitudes, I can control my reactions.
- 4. When people don't support me, it doesn't stop me from going ahead with my goals.
- 5. I guess I'm pretty tough because I've gotten through some hard times.
- 6. I let fear rule my life.
- 7. Believing in myself helps me get through some hard times.
- 8. I'm determined to reach my goals in life.
- 9. I'm convinced that if you put your mind to it, you can do almost anything.
- 10. I have the courage to stand up for what's right.
- 11. It's important to me to be honest about who I am.
- 12. When people don't support me, it doesn't get me down.
- 13. Getting through tough times prepares me for future challenges
- 14. My sense of humor helps get me through tough times.
- 15. Integrity is not an important personal value of mine.
- 16. Even in the midst of very stressful times, I can find something to laugh about.
- 17. I guess I have spirit...it's hard to keep me down.
- 18. Finding the courage to come out has made me a much better person.

Smith, M., & Gray, S. (2009). The courage to challenge: A new measure of hardiness in LGBT adults. *Journal Of Gay and Lesbian Studies*, 21(1), 73-89.

Please answer the following questions:

| - <u>Gender Ider</u> | <u>tity</u> : | | | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|--|--|
| Male | Female | Intersex TransgenderTransexual Queer Other | | | | | | | |
| - Which sexual orientation do you most identify with: | | | | | | | | | |
| Lesbian | In | Intersex | | | | | | | |
| Gay | Queer | | | | | | | | |
| Other | | | | | | | | | |
| Bisexual | Q | uestioning | | | | | | | |
| Did you have a Gay-Straight Alliance or its equivalent at your High School? Y N Were you an active member Y N | | | | | | | | | |
| - Please circle the ethnicity you most closely identify with: | | | | | | | | | |
| American II | ndian | Latino | | | | | | | |
| Pacific Islar | Pacific Islander White–Non-Hispanic | | | | | | | | |
| Asian | Hispanic | | | | | | | | |
| African Am | erican | Other | | | | | | | |
| - Please circle your religious affiliation: | | | | | | | | | |
| Protestant C | | Buddhist Muslim | | | | | | | |
| Roman Catl | | Hindu | | | | | | | |
| Evangelical | Christian | Other | | | | | | | |
| Jewish | | None | | | | | | | |

-

Developed by Monique Quitoriano Manriquez

APPENDIX B

.

EMAILED QUALITATIVE FEEDBACK FORM QUESTIONNAIRE

GSAs and their influence on Lesbian, Gay, Bisexual and Transgender People's Resiliency Questionnaire

- 1. Describe your coming out process.
- 2. Did you have a GSA on your high school campus? If not, how was the school climate and did anyone make an attempt in regards to creating one?
- 3. If you had a GSA on campus, were you an active participant? If not, why?
- 4. If you were an active member of the GSA, do you feel that helped you as an individual deal with discrimination and prejudice? If so, how?
- 5. What interpersonal and coping skills do you feel you gained as a result of being an active member?
- 6. If you were not an active member, how do/did you deal with discrimination and prejudice?
- 7. What other factors in your life do you feel contributed to how you cope with intolerance? (ex: biological family, chosen family, other support systems/relationships)
- 8. What are your feelings toward GSAs or LGBTQQI support systems?
- 9. What positive experiences did you have with your GSA? What negative experiences did you have?
- 10. What would you suggest to high schools or faculty in regards to having a GSA or other kind of support system?
- 11. Do you feel there is any other resource not specified above that helped you deal with discrimination and prejudice?

Developed by Monique Quitoriano Manriquez

APPENDIX C

•

.

RECRUITMENT FLYER

.



Cal State University of San Bernardino, School of Social Work Graduate Student

seeks lesbian, gay, bisexual, transgender, queer, queetioning or intersex (LGBTQQI) adults

ages 18 or older to participate

in a <u>confidential questionnaire</u> and/or <u>focus group</u> about prejudice, GSAs (Gay-Straight Alliance)

and coping related to sexual orientation

5-10 minute survey

To access the study go to:

https://edu.surveygizmo.com/s3/543840/LGBTQQI2011

For more information about the study, please contact:

- o Professor Laurie Smith at LaSmith@csusb.edu
- Monique Manriquez at Manrm302@csusb.edu

Principal Investigator: Monique Manriquez

APPENDIX D

EMAILED PERMISSION TO USE THE SCALE

FROM DR. MARK SMITH

•

J

Courage To Challenge Tool

Monique Quitoriano

Tue, Feb 22, 2011 at 2:46 PM

Good Afternoon Dr. Smith & Dr. Gray,

I am a MSW student at California State University San Bernardino and I came across your article in my literature review search. For my thesis I will be researching whether or not Gay-Straight Alliances have a positive affect on the factors of resilience on LGBT adults (aged 18-23). I would like to use your scale in my research as I feel it is very competent to my population and will measure the variables I will be studying. Please let me know if this would be possible. If so please let me know what I would need to do to acquire your scale along with directions on how to interpret the data and a letter allowing me to use it. Thank you, I look forward to your response. Please let me know if you have any questions or concerns.

Sincerely,

Monique J. Quitoriano

Smith, Mark S

Tue, Feb 22, 2011 at 8:17 PM

Monique I have made several attempts to contact via the email address you have provided. I have also gone online to the California State University at San Bernadino website to attempt to locate an additional email address that works. All of these attempts have been unsuccessful to date. I am hoping this email will be successful. If so I would be happy to send you information about the Courage to Challenge Hardiness scale to assist you in your work. If you received this message please feel free to contact me at the email address and/or phone number listed below.

Mark Smith, PhD

Assistant Professor

Monique Manriquez <

Wed, Feb 23, 2011 at 9:00 AM

Greetings Dr. Smith! I am so sorry about my email. I found out yesterday through a teacher that my emails were not working. I was able to get it fixed last night so once again I apologize! I would very much appreciate the use of your scale as I feel it would be perfect for the population and the study I am conducting! I will try to give you a call later today but considering you are 3 hours ahead I might miss you. If you could, send me a copy of the scale, how to interpret the data and a letter allowing me permission to use it, I would greatly appreciate it. Also at the conclusion of my study I can send you a copy of my thesis in its entirety if you wish. Thank you so much and I look forward to your response. Please feel free to contact me as well via phone with any questions or concerns.

Monique Q.

Smith, Mark S <

I so glad you corrected the email problem and sent this second email. I am attaching the actual scale I used as well a pdf of the article. (Please note that items 2, 6, and 15 in the scale are reverse-scored.) I would ask that in return for using the Courage to Challenge Scale, you let me know the outcomes of your research as I am always interested in hearing about its use with other populations, samples, and settings so as to further verify reliability and validity. Good luck! Let me know if I can be of further assistance.

Mark Smith, PhD Assistant Professor

Barry University School of Social Work

APPENDIX E

٢.

•

INFORMED CONSENT FOR ONLINE SURVEY

•

INFORMED CONSENT FORM FOR COURAGE TO CHALLENGE SURVEY

The study in which you are being asked to participate is designed to investigate whether or not active involvement in Gay-Straight Alliances (GSA) has an effect on fostering a Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex individuals' (LGBTQQI) factors of resilience. A GSA is a student run non-curricular club that provides a "safe area" for LGBTQQI high school students. Monique Manriquez is conducting this study under the supervision of Prof. Smith, Associate Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

Purpose of the Project

This study is designed to gain a better understanding of the impact of participating in a high school GSA.

Explanation of Procedures

If you decide to participate in this study, you will fill out survey that will have questions related to methods of coping. The questions in the survey will address your personal feelings and experiences about how you handle discrimination.

Confidentiality

The information collected in this study will remain confidential. This means that your identity as a participant will not be revealed to people other than the investigator listed above. Any references to information that would reveal your identity will be removed or disguised. All research materials will be kept in a locked drawer.

Risks and Discomforts

We do not anticipate that participation in this study will pose physical or psychological risks beyond what you encounter in everyday life but short-term discomfort recalling stressful experiences and/or reflecting on methods of coping may cause additional stress. As a precaution the contact information to CSUSB's Pride Center will be provided along with other resources. You are free to quit the survey at any time. The informed consent allows the participants to stop the trial at any time should they feel necessary. If using a shared computer, upon receiving and completing your survey, close your Internet browser and delete internet history after it has been successfully sent. This is to ensure the possibility of being "outed" is lessened and no one will be able to trace your Internet history.

Benefits

The benefits resulting from this research study will be used to expand on the literature and knowledge of how GSAs benefit LGBTQQI adolescents. These findings may in turn aid Social Workers and LGBTQQI advocates to help implement these clubs and/or support networks in high schools across the country.

Freedom to Withdraw Participation

Participation in this study is voluntary; you will not be penalized if you decide not to participate. You are free to withdraw consent and end your participation in this project at any time.

Contact Information

If you have concerns about this study, please contact my advisor, Dr. Laurie Smith at lasmith@csusb.edu.

Your mark below shows that you are at least 18 years old, understand the above, agree to participate in this questionnaire.

DATE

APPENDIX F

.

r

DEBRIEFING FORM

GSA influence on Factors of Resilience Debriefing Statement

This study you have just completed was designed to investigate the effects of participating in a High School GSA(Gay-Straight Alliances) or its equivalents, have on Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQQI) individuals' resiliency. In this study two factors were assessed: whether being involved in a GSA will foster positive resiliency evidenced by self-efficacy and the ability to effectively cope with stress and discrimination; whether not being involved in a GSA or Pride Center will promote negative coping skills evidenced by suicidal ideation, mental health issues and poor coping strategies. We are particularly interested in the relationship between these and whether or not being actively involved in a GSA or its equivalent, has a positive or negative affect on resilience. If you have experienced any distress as a result of your participation in this study, LGBTQQI related resources are listed for your use below. The list contains the telephone numbers to agencies and peer-support who can help you seek professional help.

| Psychology Counseling Center at CSUSB 909-357-5040 | Pride Center at CSUSB 909-537-5963 | RPYA Http://rpya.org | The Center 562-434-4455 | The Trevor Project 1-866-488-7386 |
|--|---|--|--|---|
| California State San Bernardino's Psychology Counseling Center facilitates a self-help & mutual aid group every Monday. This group is free for student members. The LGBTQQI group's purpose is to provide a safe, positive, empowering & | The Pride Center offers a welcoming & friendly environment with amenitities, a knowledgeable staff sensitive to LGBTQQI needs & a resource library with LGBTQQI literature, reference | RYPA is the only non- profit organization in San Bernardino & Western Riverside counties dedicated to addressing the needs of these youth. RPYA is a support organization for lesbian, gay, bisexual, transgender, queer, intersex & questioning | communication, decrease violence, address substance abuse, improve self-esteem & | questioning youth. IF YOU ARE IN CRISIS OR |
| confidential space for lesbian, gay, bisexual, transgender, queer, questioning and intersex students to discuss identity, coming out, family and relationship issues. | also resource information for | youth (ages 13-20), their families & friends. RPYA's groups are facilitated every Monday, Wednesday & Friday. | provide for a greater sense of safety and well- being in their lives by providing a number of support groups for the LGBT community. | THINKING ABOUT SUICIDE YOU DESERVE IMMEDIATE SUPPORT. PLEASE CALL THE TREVOR LIFELINE 1-866- 488-7386 |

Thank you for your participation and if you have any questions about the study, please feel free to contact Dr. Laurie Smith, Associate Professor at lasmith@csusb.edu. If you would like to obtain a copy of the results of this study, please go to the Thesis Room at Pfau Library at Cal State University San Bernardino after September 2012.

APPENDIX G

.

INFORMED CONSENT FOR QUALITATIVE FEEDBACK FORMS

•

.

INFORMED CONSENT FORM FOR QUALITATIVE FEEDBACK FORMS

The study in which you are being asked to participate is designed to investigate whether or not active involvement in Gay-Straight Alliances (GSA) has an effect on fostering a Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex individuals' (LGBTQQI) factors of resilience. A GSA is a student run non-curricular club that provides a "safe area" for LGBTQQI high school students. Monique Manriquez is conducting this study under the supervision of Prof. Smith, Associate Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

Purpose of the Project

This study is designed to gain a better understanding of the impact of participating in a high school GSA.

Explanation of Procedures

If you decide to participate in this study, you will fill out questionnaire that will have questions related to methods of coping. The questions in the questionnaire will address your opinions and experiences about your involvement in your high school Gay-Straight Alliance (GSA), methods of coping and any other resources you felt contributed to the way you handle discrimination.

Confidentiality

The information collected in this study will remain confidential. This means that your identity as a participant will not be revealed to people other than the investigator listed above. Any references to information that would reveal your identity will be removed or disguised. All research materials will be kept in a locked drawer.

Risks and Discomforts

We do not anticipate that participation in this study will pose physical or psychological risks beyond what you encounter in everyday life but short-term discomfort recalling stressful experiences and/or reflecting on methods of coping may cause additional stress. As a precaution the contact information to CSUSB's Pride Center will be provided along with other resources. If you are uncomfortable answering a particular question, you are free to refuse to answer the question, and you are free to quit the questionnaire at any time. The informed consent allows the participants to stop the trial at any time should they feel necessary. If using a shared computer, upon receiving and completing your questionnaire, close your Internet browser and delete the document after it has been successfully sent. This is to ensure the possibility of being "outed" is lessened and no one will be able to trace your Internet history.

Benefits

The benefits resulting from this research study will be used to expand on the literature and knowledge of how GSAs are benefit LGBTQQI adolescents. These findings may in turn aid Social Workers and LGBTQQI advocates to help implement these clubs and/or support networks in high schools across the country. Those who participate in the interviews will be given a \$5 gift card to Subway as gratitude for taking time from their schedule to help aid research. To acquire your gift card, email your completed questionnaire to the investigator and you will be emailed a number that corresponds to an envelope containing your gift card. The administrative assistant in the Social and Behavioral Sciences Building in room SB402 will hold the cards. This method is to ensure your identity will remain confidential as no identifying information will be used nor will the name of the study in which you participated.

Freedom to Withdraw Participation

Participation in this study is voluntary; you will not be penalized if you decide not to participate. You are free to withdraw consent and end your participation in this project at any time.

Contact Information

If you have concerns about this study, please contact my advisor, Dr. Laurie Smith at lasmith@csusb.edu.

Your mark below shows that you are at least 18 years old, understand the above, agree to participate in this questionnaire.

MARK

DATE ____

REFERENCES

- Barber, M. (2009). Lesbian, gay and bisexual people with severe mental illness. *Journal Of Gay and Lesbian Mental Health*, (13), 133-142.
- California State University, San Bernardino. (2011). Fall 2010 quick facts. Retrieved April 15, 2012 from http://ir.csusb.edu/students/
- Caplan, P., & Caplan, J. (1999). Thinking critically about research on sex and gender. New York: Harper Collins College Publishers.
- Cass, V. (1979). Homosexual identity development. Journal of Homosexuality, 4(3), 219-235.
- Cochran, S. D., Sullivan, J., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian gay, and bisexual adults in the united states. Journal of Consulting and Clinical Psychology, 71(1), 53-61.
- Constantine, N. A., Benard, B., & Diaz, M. (1999). Measuring protective factors and resilience traits in youth: The healthy kids resilience assessment. Paper presented at the Seventh Annual Meeting of the Society for Prevention Research, New Orleans, LA.
- Drescher, J. (2010). Queer diagnosis: Parallels and Contrasts in the history of homosexuality, gender Variance, and the diagnostic and statistical manual. Archives of Sexual Behavior, 39, 427-460.
- Drolet, J. C., & Clark, K. (1994). The sexuality education challenge: Promoting healthy sexuality in young people. Santa Cruz: ETR Associates.
- Engstrom, C., & Sedlacek, W. (1997). Attitudes of heterosexual students toward their gay male and lesbian peers. Journal of College Student Development, 38(6), 565-576.
- Erikson, E. (1982). The life cycle completed. New York: W.W. Norton & Company, Inc.

- GSA Netowork. (n.d.). GSA chapters. Retrieved from http://gsanetwork.org/civicrm/profile?q=civicrm/ profile&force=1&gid=5&crmRowCount=10000
- Halkitis, P., Mattis, J., Sahadath, J., Massie, D., Ladyzhenskaya, L., Pitrelli, K., Bonacci, M., & Cowie, S. (2009). The meanings and manifestations of Religion and spirituality among lesbian, gay, bisexual and transgender adults. Journal of Adult Development, 16 250-262.
- Hass, A., Elison, M., Mays, V., Mathy, R., Cochran, S., D'Augelli, A., Silverman, M., Fisher, P., Hughes, T., Rosario, M., Russell, S., Malley, E., Reed, J., Litts, D., Haller, E., Sell, R., Remafedi, G., Bradford, J., Beautrias, A., Brown, G., Diamond, G., Friedman, M., Garofalo, R., Turner, M., Hollibaugh, A., & Clayton, P. (2011) Suicide and suicide risk in lesbian, gay bisexual, and transgender populations: Review and recommendations. Journal of Homosexuality, 58, 10-51.
- Hatzenbuehler, M., Pachankis, J., & Wolff, J. (2012). Religious climate and health risk behaviors in sexual minority youths: A population-based study. American Journal of Public Health, 102(4), 657-663.
- Hellman, R. (2011). Peer support for lesbian, gay, bisexual and transgender individuals. RTP Weekly, (2)4, 133.
- Henning-Stout, M., James, S., & Macintosh, S. (2000). Reducing harassment of lesbian, gay, bisexual, transgender and questioning youth in schools. School Psychology Review, 29(2), 180-191.
- Horn, S. S., Szalacha, L. A., & Drill, K. (2008), Schooling, sexuality, and rights: An investigation of heterosexual students' social cognition regarding sexual orientation and the rights of gay and lesbian peers in school. Journal of Social Issues, 64, 791-813

- Hubbard, J. (2010, October 3). Fifth day teen suicide in three weeks sparks debate. ABC News. Retrieved from http://abcnews.go.com/US/gay-teen-suicide-sparks -debate/story?id=11788128&page=1
- Kertzner, R., Meyer, I., Frost, D., Stirratt, M. (2009). Social and psychological well-being in lesbians,gay men and bisexuals: the effects of race gender, age and sexual identity. American Journal of Orthopsychiatry (79) 4, 500-510.
- Krehely, J. (2009). How to close the LGBT health disparities gap. Center for American Progress. Retrieved February 2, 2011 from http://www.americanprogress.org/issues/2009/12/pdf/ lgbt health disparities.pdf
- Lee, C. (2002). The impact of belonging to a high school Gay/straight alliance. *High School Journal*, 85(3), 13-26.
- Lesser, J. G., & Pope, D. S. (2007). Human behavior and the social environment. Boston, MA: Pearson Education, Inc.
- Martin, D. (2011). The safe zone. California Educator, 15(6), 10-18.
- Mufioz-Plaza, C., Quinn, S., & Rounds, K. (2002). Lesbian, gay, bisexual and transgender students: Perceived social support in the high school environment. The University of North Carolina Press.
- Mustanski, B., Garofalo, R., & Emerson, E. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health, 100(12), 2426-2432.
- Mustanski, B., Newcomb, M., & Garofalo, R. (2011). Mental Health of lesbian, gay and bisexual youths: A developmental resiliency perspective. *Journal of Gay* and Lesbian Social Services, 23(2), 204-225.

- Parsons, R. (2002). Guidelines for empowerment-based social work practice. Social Worker's Desk Reference, Oxford, New York: Oxford University Press.
- Presgraves, D. (2007, September 12). As students return to school, more than 3,600 gsa's now registered with glsen. U.S. Newswire, 1A-2A.
- Riessman, F. (1965) The "helper-therapy" principle. Social Work 10 (2), 27-32
- Ross, L., Doctor, F., Dimito, A., Kuehl, D., & Armstrong, M. (2007). Can talking about oppression reduce depression? Modified cbt group treatment for lgbt people with depression. Journal of Gay & Lesbian Studies, 19(1), 1-15.
- Russell, S., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school gay-straight alliances. *Journal of Youth and Adolescence, 38,* 891-903.
- Smith, M., & Gray, S. (2009). The courage to challenge: A new measure of hardiness in LGBT adults. Journal of Gay and Lesbian Studies, 21(1), 73-89.
- Turner, H. (2011). Concepts for effective facilitation of open groups. Social work with Groups, 34, 246-256.
- U.S. Department of Justice. (2000, November 13). Equal access act. Retrieved March 15, 2010, from http://www.justice.gov/crt/cor/byagency/ed4071.php
- Valenti, M., & Campbell, R. (2009). Working with youth on lbgt issues: why gay-straight Alliance advisors become involved. Journal of Community Psychology, 37(2), 228-248.
- Van Wormer, K., & McKinney, R. (2003). What schools can do to help gay/lesbian/bisexual youth: A harm reduction approach. Adolescence, 38(151), 409-420.

- Walls, N. E., & Freedenthal, S., & Wisenski, H. (2008). Suicidal ideation and attempts among sexual minority youths receiving social services. Social Work, 53(1), 21-29.
- Walsh, F. (2003). Crisis, trauma and challenge: A relational resilience approach for healing, transformation and growth. Smith College Studies in Social Work, 74(1) 49-71.
- Zastrow, C. (1999). The practice of social work. Pacific Grove, CA: Brooks/Cole Publishers.

.

.